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**SUPPLEMENTAL
DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Attorney Docket Number	27066.0110
First Named Inventor	Govindarajan, Rangaprasad
COMPLETE IF KNOWN	
Application Number	09/ 875,522
Filing Date	June 06, 2001
Group Art Unit	2661
Examiner Name	unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SESSION RESUMPTION IN WIRELESS PACKET DATA NETWORK

the specification of which *(Title of the Invention)*

is attached hereto.

OR

was filed on (MM/DD/YYYY) 06/06/01 as United States Application Number or PCT International

Application Number 09/875,522 and was amended on (MM/DD/YYYY) *(if applicable)*.

I hereby declare that the subject matter of the attached amendment amendment filed on was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the natural or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B is attached hereto
60/192,169	03/27/00	
09/718,723	11/22/00	
60/251,929	12/07/00	
09/839,830	04/19/01	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/01 (10-00)

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SUPPLEMENTAL DECLARATION – UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input checked="" type="checkbox"/> Correspondence address below
Name	R. Scott Rhoades, Strasburger & Price, L.L.P.				
Address	901 Main St., Suite 4300				
Address					
City	Dallas	State	Texas	ZIP	75202-3794
Country	United States	Telephone	(214) 651-4300	Fax	(214) 651-4330
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Rangaprasad		Family Name Govindarajan or Surname			
Inventor's Signature				Date	2/6/2002
Residence: City	Plano	State	Texas	Country	United States
Citizenship United States					
Mailing Address 8013 Spring Peaks Dr.					
Mailing Address					
City	Plano	State	Texas	ZIP	75025
Country		United States			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Steven		Family Name McCutchen or Surname			
Inventor's Signature				Date	2/6/02
Residence: City	Frisco	State	Texas	Country	United States
Citizenship United States					
Mailing Address 4357 Limerick Ln.					
Mailing Address					
City	Frisco	State	Texas	ZIP	75034
Country		United States			
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Jogen		Family Name or Surname Pathak			
Inventor's Signature		Date 2/6/2002			
Residence: City	Irving	State	Texas	Country	United States
Citizenship					United States
Mailing Address 9005 Jasmine Lane					
Mailing Address					
City Irving	State Texas	ZIP 75063	Country United States		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
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